

CONSORT 2010 Statement

Indeed, CONSORT Group members continually monitor the literature. Information gleaned from these efforts provides an evidence base on which to update the CONSORT statement. We add, drop, or modify items based on that evidence and the recommendations of the CONSORT Group, an international and eclectic group of

Section/topic	Item number	Checklist item	Reported on page number	
Title and abstract				
	1a	Identification as a randomised trial in the title	1	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts ^{23,24})	3	
Introduction				
Background and objectives	2a	Scientific background and explanation of rationale	4	
	2b	Specific objectives or hypotheses		
Methods				
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Randomisation	
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons		
Participants	4a	Eligibility criteria for participants		
	4b	Settings and locations where the data were collected		
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered		
Outcomes	6a	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed		
	6b	Any changes to trial outcomes after the trial commenced, with reasons		
Sample size	7a	How sample size was determined		
	7b	When applicable, explanation of any interim analyses and stopping guidelines		
Randomisation				
Sequence generation	8a	Method used to generate the random allocation sequence	Randomisation	
	8b	Type of randomisation; details of any restriction (such as blocking and block size)		
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned		
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions		
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how		
	11b	If relevant, description of the similarity of interventions		
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes		
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses		
Results				
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome		9 9 9 9 9 9 9 9 9 9
	13b	For each group, losses and exclusions after randomisation, together with reasons		
Recruitment	14a	Dates defining the periods of recruitment and follow-up		
	14b	Why the trial ended or was stopped		
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group		
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups		
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% CI)		
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended		
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing prespecified from exploratory		
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms ²⁵)		
Discussion				
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	13	
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	12	
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	12	
Other information				
Registration	23	Registration number and name of trial registry	3 Supplemental 8	
Protocol	24	Where the full trial protocol can be accessed, if available		
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders		

²³We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration¹⁸ for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials,²⁶ non-inferiority and equivalence trials,²⁷ non-pharmacological treatments,²⁸ herbal interventions,²⁹ and pragmatic trials.³⁰ Additional extensions are forthcoming: for those and for up-to-date references relevant to this checklist, see <http://www.consort-statement.org>.

Table: CONSORT 2010 checklist of information to include when reporting a randomised trial*